

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/12/2012	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN 47129			
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F0000	<p>This visit was for the investigation of Complaint IN00105884.</p> <p>Complaint #IN00105884 Substantiated . Federal/State deficiencies related to the allegations are cited at F282, F323</p> <p>Survey dates: April 10, 11, 12, 2012</p> <p>Facility number: 000059 Provider number: 155697 AIM number: 100266560</p> <p>Survey team: Dorothy Navetta, RN TC Avona Connell, RN Donna Groan, RN</p> <p>Census bed type: SNF: 8 SNF/NF: 62 Total: 70</p> <p>Census payor type: Medicare: 17 Medicaid: 38 Private: 2 Other: 13 Total: 70</p> <p>Sample: 10</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 4/16/12 Cathy Emswiller RN</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, record review and interview the facility failed to ensure the chair alarm was in place for a resident at risk for falls . This deficient practice had the potential to effect 1 of 4 residents reviewed for falls in a sample of 10. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 4/11/12 at 9 a.m. The resident's diagnoses included, but were not limited to Parkinson disease, fractured femur and dementia.</p> <p>Physician Telephone Orders dated 3/12/12 included, but were not limited to: "3. Chair alarm @ (at) all times when up in G/C (gerichair)... 6. G/C when up R/T WBAT (Weight Bearing As Tolerated) Rt. (right) leg 2nd degree hip fx (fracture) decrease in cognition with inability to know own safety limitations 2nd degree to dementia."</p> <p>The following observations were made on 4/11/12.</p>		F0282	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? -Resident D's chair alarm was placed and checked for proper functioning. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? - All residents have the potential to be affected by the alleged deficient practice.-Nursing staff will be re-educated by 4/20/12 by the DNS/designee on the fall management program, review of aide assignment sheet Q shift for special needs and placement/functioning of assistive devices, and communication from charge nurse to caregiver of specific care required for assigned residents.-An assistive device log has been implemented.-All residents with falls and assistive devices have been reviewed to ensure each resident is receiving adequate supervision to prevent accidents and follow-up through CQI minute tools will be utilized, as needed, to ensure practice is being followed.-Alarms and assistive devices will be checked daily per</p>		04/20/2012	

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	<p>10:17 AM Resident D was seated in a geri-chair at the Nurse's Station. A personal alarm was lacking on the geri chair.</p> <p>11:50 AM Resident D was seated in a geri chair in his room. A personal alarm was lacking on the geri chair. In interview with CNA #1, she checked Resident D and indicated a personal chair alarm was not on the geri chair. Review of the CNA assignment sheet for Special Needs, at this time, indicated Resident D was to have a "chair alarm on at all times"</p> <p>In interview with LPN #2, at this time, she indicated a chair alarm should have been placed on the residents chair.</p> <p>On 4/11/12 at 2:55 PM, the Administrator in Training, provided the Policy and Procedure for the Fall Management Program revised 3/10 which included, but was not limited to: "Procedure: Fall Risk 4. Charge nurses will communicate the specific care required for each resident to the assigned caregiver on each shift."</p> <p>This federal tag relates to Complaint IN00105884.</p> <p>3.1-35(g)(2)</p>			<p>shift for placement and functioning by the charge nurse by signing off on the TAR. -Non-compliance with these practices will result in further education including disciplinary action.-Director of Nursing Services/designee is responsible to ensure compliance. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. -Nursing staff will be re-educated by 4/20/12 by the DNS/designee on the fall management program, review of aide assignment sheet Q shift for special needs and placement/functioning of assistive devices, and communication from charge nurse to caregiver of specific care required for assigned residents.-An assistive device log has been implemented.-All residents with falls and assistive devices have been reviewed to ensure each resident is receiving adequate supervision to prevent accidents and follow-up through CQI minute tools will be utilized as needed to ensure practice is being followed. -Alarms and assistive devices will be checked daily per shift for placement and functioning by the charge nurse by signing off on the TAR.-Non-compliance with these practices will result in further education including disciplinary action.-Director of Nursing Services/designee is responsible</p>			

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				<p>to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?-The CQI audit tool for falls will be utilized weekly x4, monthly x2, and quarterly thereafter. -The CQI committee will review audits and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.</p>			

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on record review and interview the facility failed to ensure a resident, who had a history of attempting transfers without assistance, received supervision to prevent an accident resulting in the resident sustaining a fractured hip. This deficient practice had the potential to affect 1 of 5 residents reviewed for falls in a sample of 10. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 4/11/12 at 9 a.m. The resident's diagnoses included, but were not limited to Parkinson disease, fractured femur and dementia. Review of the Progress Notes included, but were not limited to:</p> <p>03/02/12 5:07 PM "res in w/c (wheel chair) in dining room for evening meal, removed chair alarm and took self to bathroom x 1 this shift thus far, bed and chair alarms functioning properly"</p> <p>03/05/12 6:43 PM "pt continues to be</p>		F0323	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? -Resident D's chair alarm was placed and checked for proper functioning.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? - All residents have the potential to be affected by the alleged deficient practice.-Nursing staff will be re-educated by 4/20/12 by the DNS/designee on the fall management program, review of aide assignment sheet Q shift for special needs and placement/functioning of assistive devices, and communication from charge nurse to caregiver of specific care required for assigned residents.-An assistive device log has been implemented.-All residents with falls and assistive devices have been reviewed to ensure each resident is receiving adequate supervision to prevent accidents and follow-up through CQI minute tools will be utilized, as needed, to ensure practice is being followed.-Alarms and assistive</p>		04/20/2012	

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	<p>noncompliant with transfers/alarms this shift x 3 attempting to take self to bathroom and to get in his closet, pt educated on safety and use of the call light, pt up in wheelchair at this time"</p> <p>03/06/12 1:39 AM "Around 1249 resident was standing up in wheel chair attempting to adjust himself better in the chair and lost his balance landing on his right hip, CNA was entering residents room at the time of the incident and was a witness to the fall. apron (sic) assessment res c/o (complains of) some pain to right hip, [named nurse practitioner] notified n/o (nursing order) to send to er for evaluation, residents V/S (vital signs) stable, resident instructed to remain in floor until ambulance arrive, CNA remained with resident for safety..."</p> <p>03/06/12 6:19 AM "Called hospital for update of resident, resident was admitted with right hip fracture..."</p> <p>Signed Physician's Orders for March 3012 included, but were not limited to "Up in wheelchair daily w (with) alarming self - release seat belt to alert staff resident is attempting to rise by self R/T (related to) ataxia/Parkinson, dementia..."</p> <p>The Care Plan with last care conference of 03/30/2012 included but was not</p>		<p>devices will be checked daily per shift for placement and functioning by the charge nurse by signing off on the TAR.</p> <p>-Non-compliance with these practices will result in further education including disciplinary action.-Director of Nursing Services/designee is responsible to ensure compliance. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. -Nursing staff will be re-educated by 4/20/12 by the DNS/designee on the fall management program, review of aide assignment sheet Q shift for special needs and placement/functioning of assistive devices, and communication from charge nurse to caregiver of specific care required for assigned residents.-An assistive device log has been implemented.-All residents with falls and assistive devices have been reviewed to ensure each resident is receiving adequate supervision to prevent accidents and follow-up through CQI minute tools will be utilized as needed to ensure practice is being followed.</p> <p>-Alarms and assistive devices will be checked daily per shift for placement and functioning by the charge nurse by signing off on the TAR.-Non-compliance with these practices will result in further education including disciplinary action.-Director of Nursing</p>				

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	<p>limited to: "Problem Start Date: 01/05/2011 Resident at risk for falls R/T hx (history) of falls, assessments, psychotropic (sic) med use, dx (diagnosis) of Parkinson, Tremors, DM (diabetes mellitus), dementia, R (right) hip fx, needs assist with functional mobility tasks, poor safety awareness, noncomplaint (sic) with seeking assist with transfers, disarms alarms, non compliant with use of devices, i.e. (for example) reacher, self release seat belt, call light use, etc. Goal Target Date: 06/30/2012 Will decrease resident's risk of falls. Approach Start Date 01/05/2011 Check placement and functioning of alarm q shift and prn. Approach Start Date: 01/05/2011 Keep call light in reach at all times. Approach Start Date: 01/05/2011 Provide toileting assistance per schedule toileting</p> <p>Review of the Monthly Summary form for Scheduled Toileting indicated "Program #2 Toilet upon rising, before or after meals, at bedtime and check and change through the night"</p> <p>On 4/11/12 at 2:30 PM, in interview with the Interim Director of Nursing, when queried as to whether or not the resident had an alarm on at the time of the fall she made no comment.</p>			<p>Services/designee is responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?-The CQI audit tool for falls will be utilized weekly x4, monthly x2, and quarterly thereafter. -The CQI committee will review audits and action plans will be developed, as needed, to improve compliance. Noncompliance with facility policy and procedure may result in employee education and/or disciplinary action up to and including termination.</p>			

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	<p>On 4/11/12 at 2:55 PM, the Administrator in training provided the Fall Management Program revised 3/10 which included, but was not limited to: "Policy It is the policy of American Senior Communities to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related to falls. Procedure: Fall risk 4. Charge nurses will communicate the specific care required for each resident to the assigned caregiver on each shift.</p> <p>On 4/11/12 at 10:33 PM, in interview with LPN #1, she indicated "honestly I don't remember, if he had the seatbelt on. The resident tended to take it off so he could reposition himself."</p> <p>This federal tag relates to Complaint IN00105884.</p> <p>3.1-45(a)(2)</p>						